

**PHILADELPHIA CONTINUUM OF CARE
WRITTEN THIRD PARTY VERIFICATION OF HOMELESSNESS
OR STAY IN AN INSTITUTIONAL CARE FACILITY**

Applicant Name:	Date of Birth: / /	Last 4 SSN Digits:
------------------------	------------------------------	---------------------------

The above named individual is seeking placement into Transitional (TH), Permanent (PH), Rapid Re-housing (RRH), and/or Permanent Supportive Housing (PSH). Documentation of the applicant's occasions of homelessness is required to determine eligibility.

Please provide one of the following acceptable types of written third party verification of homelessness or a stay in an institutional care

1. A print-out / screenshot from HMIS that includes the applicant's name and dates of enrollment in the agency's program.
 2. A print-out from the street outreach database with the relevant contacts highlighted. Only outreach contacts identified as "Response" and "Outreach" can be used to document homelessness.
 3. The attached Written Third Party Verification of Homelessness Form. **If the applicant stayed at more than one facility/program, a separate form must be completed by each program/facility.**
 4. A letter written on agency letterhead which documents the applicant's start and end dates in the agency's program. The letter must be dated and must contain all of the requested information on this form, including the name, title, and signature of the staff person.
-

**PHILADELPHIA CONTINUUM OF CARE
WRITTEN THIRD PARTY VERIFICATION OF HOMELESSNESS
OR STAY IN AN INSTITUTIONAL CARE FACILITY**

Instructions: Please complete the section of this form that corresponds to the type of occasion you are verifying. Only an authorized individual from the agency that provided the housing or services to the applicant can complete this form. **Please complete EITHER Section I OR Section II.**

Applicant Name:	Date of Birth: / /	Last 4 SSN Digits:
------------------------	------------------------------	---------------------------

Section I: Documentation of Stay(s) at a Facility/Program

The above named individual **stayed at** _____ **(facility/program name)** during the following time period(s) within the last 3 years (start with the most recent period, if there is more than one occasion):

**If the applicant stayed at more than one facility/program, a separate form must be completed by each program/facility.*

Entry Date (MM/DD/YY):	Exit Date (MM/DD/YY):
/ /	/ / or <input type="checkbox"/> Currently staying at facility/program
/ /	/ /
/ /	/ /
/ /	/ /

This facility/program is classified as one of the following:

<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Journey of Hope	<input type="checkbox"/> Rapid Re-housing
<input type="checkbox"/> Emergency Housing	<input type="checkbox"/> Institutional care facility (e.g. a jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days)

Section II: Documentation of Unsheltered Living Situation

Date(s) of Unsheltered Living Situation	Location/Description of Unsheltered Living Situation (car, park, street, etc.)

Verifying Agency/Person

I certify that the information documented above is true and accurate.

Printed Name:	Signature:
Date: / /	Title:
Organization:	Address:
Phone:	Email Address: